

Application Data Sheet

Application Information

Application Type:: Provisional
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: A DEFIBRILLATOR DEVICE
Attorney Docket Number:: 3003-1130
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: KEVIN
Middle Name:: J
Family Name:: HERBERT
City of Residence:: GLOUCESTERSHIRE
State or Province of Residence::
Country of Residence:: UNITED KINGDOM
Street of Mailing Address:: 34 SPRINGBANK GROVE
Address:: CHELTENHAM
City of Mailing Address:: GLOUCESTERSHIRE
State or Province of Mailing Address::
Country of Mailing Address:: UNITED KINGDOM
Postal or Zip Code of Mailing Address:: GL51 0PQ

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED KINGDOM
Status:: Full Capacity
Given Name:: DESMOND
Middle Name:: B
Family Name:: MILLS
City of Residence:: GLOUCESTERSHIRE
State or Province of Residence::
Country of Residence:: UNITED KINGDOM
Street of Mailing Address:: 93 PITTVILLE LAWN
Address:: CHELTENHAM
City of Mailing Address:: GLOUCESTERSHIRE
State or Province of Mailing Address::
Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: GL52 2BP

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::